



British Society of Cardiovascular Imaging

BSCI is a charity registered in England and Wales (No 1145324)

BSCI Guidance for Revalidation in Cardiovascular CT training

Introduction

From late 2012 it will be necessary for independent practitioners to revalidate as per [GMC guidance](#). This is to ensure greater assurance to patients, the public, employers and other healthcare professionals that doctors are up-to-date and fit to practice within their specified roles.

For all doctors this will mean providing supporting evidence drawn from their practice that demonstrated that they are fulfilling the principles and values set out in the [GMC Good Medical Practice framework for appraisal and revalidation](#).

This requires individuals to:

1. reflect on their practice
2. develop a portfolio of supporting information to demonstrate they are continuing to demonstrate their fitness to practice in all areas of their job.

The supporting information that you will need to bring to your appraisal will fall under four broad headings:

- General information - providing context about what you do in all aspects of your work
- Keeping up to date - maintaining and enhancing the quality of your professional work
- Review of your practice - evaluating the quality of your professional work
- Feedback on your practice - how others perceive the quality of your professional work

There are six types of supporting information that you will be expected to provide and discuss at your appraisal at least once in each five year cycle. They are:

1. Continuing professional development
2. Quality improvement activity
3. Significant events
4. Feedback from colleagues

5. Feedback from patients (where applicable)
6. Review of complaints and compliments

For more details on generic supporting evidence see [here](#)

This document aims to provide information and guidance to practitioners of cardiovascular CT in support of revalidation.

Supporting evidence for continuing competence in Cardiovascular CT

Most practitioners of cardiovascular CT will have undertaken either accreditation via the [British Society of Cardiovascular Imaging](#) (BSCI) or the US [Society of Cardiovascular CT](#) (SCCT). It should be noted that none of these accreditation schemes are currently recognized by the GMC as defining competence.

Some individuals will have completed competency based advanced training as part of specialist training using tools such as directly observed procedures (DOPS), case based discussions (CBD), Mini Case evaluations (Mini-CEX) or Image interpretation exercise (IPX). Suggested examples of these tools specifically for Cardiovascular CT can be found [here](#). It should be noted that this process is recognized by the GMC as defining competence as part of the process in awarding a certificate of completion of training (CCT).

For those who hold level 2 or 3 accreditation it is expected that the maintenance of these requirements (including re-accreditation to remain in date) will suffice as evidence of good medical practice.

The BSCI believes that a peer review process using the published competence based tools would further enhance this evidence and would encourage independent practitioners to embrace peer review as an integral part of the revalidation process.

Specific guidance on type of evidence required

1. CPD

Continuing professional development can be demonstrated in a variety of ways for Cardiovascular CT.

- a. Attendance at UK and International cardiology and radiology meetings.

These might include:

The BSCI annual meetings (see [here](#) for information)

The BCS annual meeting cardiovascular CT sessions (see [here](#) for information).

The UKRC annual meeting cardiovascular CT sessions (see [here](#) for information)

The ICNC annual meeting cardiovascular CT sessions (see [here](#) for information)

The SCCT annual meeting (see [here](#) for information)

The RSNA annual Meeting cardiovascular CT sessions (see [here](#) for information)

ESC meeting (see [here](#) for information)

There are a number of regional meetings (e.g. SW Imaging Network (SWINE)) and local meetings. See www.bsci.org.uk for details.

Web resources include:

1. [BSCI education material](#)
2. [SCCT](http://www.scct.org/): <http://www.scct.org/>
3. [ESC](http://www.escardio.org/communities/working-groups/nuclear-cardiology/pages/welcome.aspx): <http://www.escardio.org/communities/working-groups/nuclear-cardiology/pages/welcome.aspx>
<http://www.escardio.org/communities/Working-Groups/nuclear-cardiology/publications/report-cardiac-ct/Pages/cardiac-ct-review.aspx>
4. [ASNC](http://www.asnc.org/): <http://www.asnc.org/>

2. Quality Improvement Activity, Significant Events and Feedback from patients.

CCT practitioners should seek to demonstrate that they are undertaking activity to improve their service and in particular demonstrate that they regularly review their activity (using appropriate audit tools) to make sure that appropriate processes are in place to

- a. Screen referrals for appropriateness, considering alternative modalities that do not involve ionizing radiation and ensuring that the clinical indication is appropriate and not being used for screening purposes.
- b. Minimize radiation dose by reviewing protocols and making sure that scans are only undertaken on appropriate scanners. Regular dose audit should be performed with regular contact with medical physicists documented and rectifying action documented when concerns are highlighted.
- c. Ensure timely reporting and communication of significant findings with referrers.
- d. Regularly review scans with peers and referrers (often using a MDT model) to ensure that clinical standards remain high.
- e. Rapidly highlight Significant Untoward Incidents (SUI) both via the standard clinical governance processes locally but as importantly to the wider personnel in the department so practice can be changed and all staff are aware of both the incident and the change in practice to minimize the risk of a repeat incident.

Feedback from patients is essential and should be actively sought in continuously improving patient experience. This is often an enlightening process and reveals previously overlooked areas of the service.

Demonstrating regular departmental meetings are performed with key providers addressing the issues above would be an example of evidence to support these domains required in revalidation.

Information on indications for CT coronary angiography, minimum standards for equipment and workforce requirements can be found within the Cardiac Imaging report from the National Imaging Board dated March 2010 and downloadable [here](#).

3. Personal Feedback from colleagues and review of compliments and complaints

CCT practitioners should seek feedback from colleagues and patients and review and act upon that feedback where appropriate.

Feedback from colleagues and patients should be collected using standard questionnaires that comply with GMC guidance, usually via a 360 degree appraisal.

Feedback is often provided by patients and others by way of complaints and compliments which should also be reviewed as part of the appraisal process.

Further details can be found [here](#).

Summary

This document is designed to support individuals revalidating in Cardiovascular CT (CCT). CCT may form only part of an individuals practice and thus this document may only be pertinent to part of an individuals practice.

This document should be read in conjunction with the GMC guidance on revalidation outlined at the start of this document.

Dec 2011

BSCI Guidance for Revalidation in Cardiovascular CT training Version 1.0, Dec 2011

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